



APPLICATION FOR FLEET OWNER INSPECTION AND MAINTENANCE STATION LICENSE

CHP 361N (REV. 02-00) OPI 062

Please print or type

REASON FOR APPLICATION <input type="checkbox"/> Initial license (\$10.00) <input type="checkbox"/> New license - majority change in ownership or control (\$10.00) <input type="checkbox"/> Renewal (\$5.00) <input type="checkbox"/> Late renewal (\$10.00) <input type="checkbox"/> Duplicate-license lost or destroyed (\$5.00) <input type="checkbox"/> Replacement - correction or change of name and/or address only (no fee, attach current license) <input type="checkbox"/> Amended - minority change in ownership or control (no fee)	APPLICANT NAME (COMPANY NAME)		FEDERAL EMPLOYER I.D. NUMBER (EIN) (IF NONE, LEAVE BLANK) _____		
	OWNERSHIP INFORMATION (MARK ONLY ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL - PROVIDE DRIVER'S LICENSE NUMBER AND STATE:				
	IF THIS IS A NAME CHANGE, ENTER PREVIOUS NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)		
	ADDITIONAL NAME THE COMPANY IS DOING BUSINESS AS (IF NO DBA LEAVE BLANK)		MAIL LICENSE ATTENTION:		
	INSPECTION AND MAINTENANCE STATION ADDRESS		CITY	STATE	ZIP CODE
	MAILING ADDRESS		CITY	STATE	ZIP CODE

CALIFORNIA CARRIER IDENTIFICATION NUMBER CA-	TERMINAL FILE CODE NUMBER	CHP IMS LICENSE NUMBER AND EXPIRATION DATE	CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)	TOTAL VEHICLES OPERATED Powered : Towed:
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APPLICANT BACKGROUND		*YES	NO
a. Has the applicant ever been issued a similar license by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government? (Other than a renewal of this license)			
b. Has the applicant ever had any license denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			
c. Has the applicant ever been a partner, officer, director or controlling shareholder in a company or corporation whose license was denied, suspended, or revoked by the Department of California Highway Patrol, another California state agency, or an agency of another state or the federal government?			

*EXPLAIN ALL YES ANSWERS ON THE REVERSE SIDE OF THIS FORM

CERTIFICATION AND APPLICANT'S SIGNATURE		
Provide the date and rating of the last mandatory annual bus terminal inspection performed pursuant to §34501(c) of the California Vehicle Code (CVC) or the Biennial Inspection of Terminals (BIT) for truck operators performed pursuant to §34501.12(d) CVC. Date: _____ Rating: _____ Truck operators must provide a valid Motor Carrier of Property Permit expiration date: _____ <i>It is agreed that the licensed activity will be conducted in compliance with all applicable laws and regulations, and that the applicant is aware of all applicable California laws and regulations pertaining to motor carrier safety and vehicle equipment requirements. It is understood that violation of any law or regulation may result in the filing of a criminal action in a court of law or the filing of an administrative action to suspend or revoke the license. It is also understood that misrepresentation of a material fact in conjunction with this application is a misdemeanor of the California Vehicle Code and may result in denial or revocation of the license.</i>		
AUTHORIZED CERTIFIER'S SIGNATURE	PRINT OR TYPE NAME AND TITLE	DATE

TO BE COMPLETED BY THE CALIFORNIA HIGHWAY PATROL MOTOR CARRIER SAFETY UNIT FOR INITIAL LICENSE

ISSUANCE OF LICENSE RECOMMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MCS SIGNATURE AND I.D. NUMBER	LOCATION CODE	DATE
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COMMENTS/REMARKS

CHP ACCOUNTING USE ONLY		CHP LICENSING UNIT USE ONLY	
DATE	AMOUNT	LICENSE NUMBER	MCP PERMIT VERIFICATION
CASHIER		ISSUE DATE	EXPIRATION DATE
CHECK DATE	CHECK NUMBER	CA NUMBER	CONTROL NUMBER

CHP USE ONLY	LICENSEE NAME AND MAILING ADDRESS ATTENTION:	MAIL THE ORIGINAL COMPLETED FORM(S) WITH REQUIRED FEE TO: CALIFORNIA HIGHWAY PATROL P.O. BOX 942902 SACRAMENTO, CA. 94298-2902